REQUEST FOR GRANT MONIES CONTINUING EDUCATION ACTIVITY

Complete the following grant application, and forward to ABESPA, Continuing Education Committee, P.O. Box 304760, Montgomery, AL 36130-4760.

Name of Requesting Institution:			
Contact Individual:			
Address:Street	City	State	Zip
Telephone: ()		_	
Title of Continuing Education Activity (p	please attach program brochure):		
Type of Activity:Conference			_
Speaker(s):			
Instruction Level:Intermedia	ateAdvanced		
Total estimated conference costs: Total grant requested (not to exceed \$500 Registration charge for general participan Registration charge for ABESPA licensed	sts: \$		
Method of notifying ABESPA licensees of	of the CE activity:		
MailEmailSHAA website	_N/AOther (list)		
I hereby agree to add the following ADA	statement to all brochures and/or adve	ertisements:	
The Alabama Board of Examiners for race, color, national origin, sex, religi			
NAME (print):			
SIGNATURE		Date:	